

1017723-001



United States  
Department of  
Agriculture

Animal and  
Plant Health  
Inspection  
Service

Policy and Program Development  
4700 River Road, Unit 149  
Riverdale, MD 20737-1237  
Telephone: 301/734-8963

ENQL 7-1 CY06  
PERMANENT  
Retire 08/11

August 24, 2006

Document Processing Desk [6(a)(2)]  
Office of Pesticide Programs (7504C)  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Avenue, N.W.  
Washington, DC 20460-0001

ATTN: Norman Spurling

SUBJECT: **FIFRA, Section 6(a)(2) single adverse effects incident report**

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending May 31, 2006.

EPA Reg. No. 56228-15M-44 Cyanide Capsules  
Active Ingredient: CAS No. 143-33-9  
Sodium Cyanide

<u>Incident Category</u>	<u>No. of Incidents</u>
W-B	1

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail [kenneth.dial@aphis.usda.gov](mailto:kenneth.dial@aphis.usda.gov).

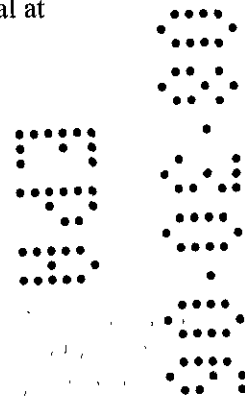
Sincerely,

Kenneth R. Seeley  
Chief, Environmental Services  
Policy and Program Development

Enclosure



Safeguarding American Agriculture  
APHIS is an agency of USDA's Marketing and Regulatory Programs  
An Equal Opportunity Provider and Employer



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U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

**6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT**

INCIDENT CODE <i>W-B</i>	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT <i>5-5-6</i>	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS or different from reporter)	
DUTY STATION ADDRESS		ADDRESS		
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE	COUNTY	<input checked="" type="checkbox"/> Sell <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other _____	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

*Inhalation*

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

*pasture*

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of applicator, equipment, during manufacturing/formulation)

*use within 26 use restrictions*

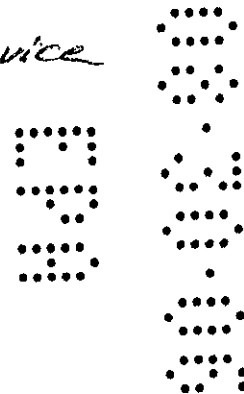
EPA REGISTRATION NUMBER <i>56228-15</i>	PRODUCT NAME <i>M44 Cyanide capsules</i>	ACTIVE INGREDIENT <i>sodium cyanide</i>	
WAS THE PRODUCT <input type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable) <i>N/A</i>	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes    ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form)

*Raven found dead near fired M44 device*



NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

# DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

DST USE ONLY

REPORT NUMBER

NUMBER OR ACRES AFFECTED

"X" ONE

☐ Amphibian ☐ Fish ☒ Bird ☐ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☐ Domestic ☒ Wild

SPECIES COMMON NAME

*Raven*

BREED (if known)

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

*Raven was found dead within a few feet of a fired m44 device.*

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

*N/A*

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

*NONE*

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

*within 26 use restrictions*

WAS PREBAITING USED ON THE SITE (Describe)

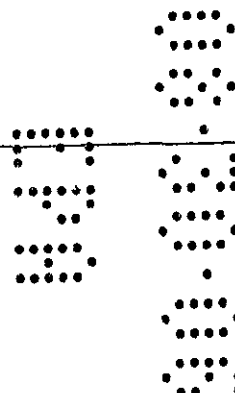
☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

*livestock pasture*

ADDITIONAL FACTORS

*NONE*



NAME OF PREPARER

SIGNATURE

DATE

NAME OF SUPERVISOR

SIGNATURE

DATE

*3*